

Local Form 440 (12/09) Summons in a Civil Action

## UNITED STATES DISTRICT COURT

for the

Northern District of Georgia**Marcey Chatman***Plaintiff*

v.

AID Atlanta, Incorporated and AIDS Healthcare Foundation (Inc.)

*Defendant*

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Civil Action No.

1:19-cv-03204-LMM-CCB

**SUMMONS IN A CIVIL ACTION**To: (*Defendant's name and address*)

AID Atlanta, Incorporated  
 Corporation Service Company  
 40 Technology Parkway South, #300  
 Norcross, Georgia, 30092

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Paul J. Sharman  
 The Sharman Law Firm LLC  
 11175 Cicero Drive, Suite 100  
 Alpharetta, GA 30022

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

JAMES N. HATTEN

CLERK OF COURT

/s/ Teressa Frazier

Signature of Clerk or Deputy Clerk

7/17/2019  
Date: \_\_\_\_\_

Local Form 440 (12/09) Summons in a Civil Action (Page 2)

Civil Action No.

**PROOF OF SERVICE**

*(This section must be filed with the court unless exempted by Fed. R. Civ. P. 4 (l).)*

This summons for *(name of individual and title, if any)*  
was received by me on *(date)* 9-12-19

AID Atlanta Incorporated

I personally served the summons on the individual at *(place)*

on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)*,  
a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Alisha Smith c/o CSL Corporation Service Company, who is  
designated by law to accept service of process on behalf of *(name of organization)* Company Authorized on *(date)* 9-16-19; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify):* \_\_\_\_\_

My fees are \$ 8 for travel and \$ 75<sup>00</sup> for services, for a total of \$ 75<sup>00</sup>

I declare under penalty of perjury that this information is true.

Date: 9-16-19

*G. A. L.*  
*Server's signature*

Elizabeth Shepherd / Process Server  
*Printed name and title*

P.O. Box 276 Kennesaw GA 30156

*Server's address*

Additional information regarding attempted service, etc:

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UNITED STATES DISTRICT COURT  
for the  
Northern District of Georgia

Marcey Chatman

*Plaintiff*

v.

AID Atlanta, Incorporated and AIDS Healthcare Foundation (Inc.)

*Defendant*

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Corporation Service Company  
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Paul J. Sharman  
The Sharman Law Firm LLC  
11175 Cicero Drive, Suite 100  
Alpharetta, GA 30022

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

JAMES N. HATTEN  
CLERK OF COURT

Date: 7/17/2019



/s/ Teressa Frazier

*Signature of Clerk or Deputy Clerk*

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was received by me on (date) 9-12-19 AIDS Healthcare Foundation (Inc).

- I personally served the summons on the individual at *(place)* \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_, a person of suitable age and discretion who resides there, on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* Alisha Smith c/o CSC, who is designated by law to accept service of process on behalf of *(name of organization)* Corporation Serv *Company / Authorized to Accept* on *(date)* \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*: \_\_\_\_\_

My fees are \$ 8 for travel and \$ 75 for services, for a total of \$

Date:

9-16-19

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*Server's signature*

Elizabeth A. Shepherd / process server  
Printed name and title

P.O. Box 276 Kennesaw, GA 30456  
Server's address

### *Server's address*

Additional information regarding attempted service, etc: